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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

M210

First Named Inventor

James H. Martin

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Piston Operated Fluid Dispensing Device Capable of
Incrementally Adjusting the Volume Being Dispensed

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application
Number(s)

Country

Foreign Filing Date
(MM/DD/YYYY)Priority
Not ClaimedCertified Copy Attached?
YES NO
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: OR <input type="checkbox"/> Correspondence address below			
Name Robert L. Marsh			
Address P. O. Box 4468			
City Wheaton		State IL	ZIP 60189-4468
Country U.S.A.	Telephone 630-681-7500	Fax 630-681-3464	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) James H.		Family Name or Surname Martin	
Inventor's Signature <i>James H. Martin</i>		Date JULY 30, 2003	
Residence: City Burr Ridge	State IL	Country U.S.A.	Citizenship U.S.A.
Mailing Address 8322 County Line Road			
City Burr Ridge	State IL	ZIP 60527	Country U.S.A.
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) William M.		Family Name or Surname Cannon	
Inventor's Signature <i>William M. Cannon</i>		Date 10/10/03	
Residence: City West Harrison	State IN	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2568 Ledgestone Drive			
City West Harrison	State IN	ZIP 47060	Country U.S.A.
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Yuri Mauricio		Gallegos-Devallos	
Inventor's Signature		Date	
Residence: City Plainsfield		State IL	Country USA
Citizenship USA			
Mailing Address 2710 Steamboat Circle			
Mailing Address			
City Plainfield		State IL	ZIP 0544
Country USA			
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Aaron L.		Hirschmann	
Inventor's Signature <i>Aaron L. Hirschmann</i>		Date 10/21/03	
Residence: City Genoa City		State WI	Country USA
Citizenship USA			
Mailing Address 408 Fenmore Circle			
Mailing Address			
City Genoa City		State WI	ZIP 53128
Country USA			
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Yuri Mauricio		Gallegos-Cevallos	
Inventor's Signature <i>Yuri Mauricio Gallegos Cevallos</i>		Date 07/30/03	
Residence: City	Plainfield	State	IL
		Country	USA
Citizenship USA			
Mailing Address 2710 Steamboat Circle			
Mailing Address			
City	Plainfield	State	IL
		Zip	60544
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Aaron L.		Hirschmann	
Inventor's Signature			
Residence: City	Genoa City	State	WI
		Country	USA
Citizenship USA			
Mailing Address 408 Fenmore Court			
Mailing Address			
City	Genoa City	State	WI
		Zip	53128
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0036

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

James H. Martin

Title

Piston Operated Fluid

Group Art Unit

Dispensir

Examiner Name

Attorney Docket Number

M 210

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

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Number Bar Code
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Name	Registration Number
Robert L. Marsh	25894

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Individual Name

Robert L. Marsh

Address

Address

P.O. Box 4468

City

Wheaton

State

IL

Zip

60189-4468

Country

USA

Telephone

630-681-7500

Fax

(630) 681-3464

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

James H. Martin

Signature

Date

JULY 30, 2003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 4 forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	James H. Martin
Title	Piston Operated Fluid Dispensing
Group Art Unit	
Examiner Name	
Attorney Docket Number	M 210

I hereby appoint:

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<input type="checkbox"/> Firm or Individual Name	Robert L. Marsh				
Address					
Address	P.O. Box 4468				
City	Wheaton	State	IL	Zip	60189-4468
Country	USA				
Telephone	(630) 681-7400	Fax	(630) 681-3464		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Aaron L. Hirschmann
Signature	<i>Aaron L. Hirschmann</i>
Date	10/21/03

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/01 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	James H. Martin
Title	Piston Operated Fluid Dispenser
Group Art Unit	
Examiner Name	
Attorney Docket Number	M 210

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☒ Practitioner(s) named below:

Name	Registration Number
Robert L. Marsh	25894

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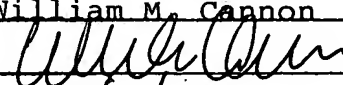
<input type="checkbox"/> Firm or Individual Name	Robert L. Marsh				
Address					
Address	P.O. Box 4468				
City	Wheaton	State	IL	Zip	60189-4468
Country	USA				
Telephone	630-681-7500	Fax	(630) 681-3464		

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name	William M. Cannon
Signature	
Date	10/13/03

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PTO/SB/01 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

James H. Martin

Title

Piston Operated Fluid

Group Art Unit

Dispensi

Examiner Name

Attorney Docket Number

M 210

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☐ Firm or
Individual Name

Robert L. Marsh

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P.O. Box 4468

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60189-4468

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USA

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(630) 681-3464

I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Name

Yuri Mauricio Gallegos-Cavallos

Signature

Yuri Mauricio Gallegos Cavallos

Date

07/30/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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